



SEMINOLE NATION OF OKLAHOMA
BIA SCHOLARSHIP GRANT

____ NEW APPLICATION ____ RENEWAL APPLICATION ____ FALL ____ SPRING YEAR ____

LAST NAME _____ FIRST NAME _____ MI _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ E-MAIL: _____

SSN: _____ DOB: _____ BAND: _____ GENDER: _____

NAME OF COLLEGE: _____ STUDENT ID: _____

COLLEGE ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

STUDENT STATUS: FULL –TIME (12 or more credits) _____ PART-TIME (# OF CREDITS) _____

CLASSIFICATION: ____ FRESHMAN ____ SOPHOMORE ____ JUNIOR ____ SENIOR ____ MASTERS ____ DOCTORAL

MAJOR: _____ MIINOR: _____

Type of degree you expect to receive (circle) **AA AS BA BS MA MS MBA JD Other :** _____

Indicate credit hours earned to date: _____ Year and Month you expect to graduate: 20__ Month: _____

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STUDENT CONTRACT: I hereby certify that the above information is true to the best of my knowledge and I declare that I will use any funds I receive under the Seminole Nation BIA Grant for expenses connected with attendance at the school listed above.

I also agree to furnish an **official transcript** for the previously funded term for program compliance.

SIGNATURE _____ DATE: _____

****MAXIMUM FUNDING FOR STUDENTS WILL BE 150 HOURS CREDIT HOURS TAKEN ****

****SCHOLARSHIPS ARE BASED ON AVAILABLE FUNDS****

****Scholarship monies will be mailed to the student's college/university business /bursar office. ****

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

AUTHORIZATION TO RELEASE INFORMATION AND PRIVACY STATEMENT

STUDENT: LAST NAME: _____ FIRST NAME: _____ MI: _____

SSN: _____ E-MAIL: _____

I hereby authorize the Seminole Nation Education Department to release my information to the following individual(s):

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

STATEMENT ON PRIVACY (Allows Higher Education to send records and forms to colleges)

The Seminole Nation of Oklahoma Higher Education program operates the general authority of 25 USC 1:41 Stat. 208 P.L. 67-85, with specific regulations contained in 25 CFR, Subchapter E, Part 40, Administration on Education Loan, Grants and other assistance for Higher Education. In accordance with accountability require for the administration of the funds appropriated for the program an in order to provide services to recipients, and to declare eligibility certain information is required of applicants. This form solicits the required information. Use of personal data will be available to authorized sources upon request.

The applicant should understand that the intent of the collecting and maintain this data on individual is for determining eligibility for the applicant and to provide the means for producing certain statistical records required by this office, specifically, the release of term grades and transcripts to The Seminole Nation Higher Education Department. Failure on the part of the applicant to provide the requested information will preclude the applicant from eligibility in obtaining Higher Education assistance under this program.

I have read the statement of privacy with the application form. I hereby provide the required information and authorize the use of such information to the extent of the uses specified in the statement. I understand that I must furnish the grades for the previous funded term for compliance before the next term award is process.

STUDENT SIGNATURE: _____ DATE: _____

SEMINOLE NATION OF OKLAHOMA
HIGHER EDUCATION STUDENT AGREEMENT

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1. All students are required to submit a new application every semester with the required documents that is stated on the checklist on page 5.
2. All students are required to submit official transcripts, as issue by the College or university, for each term funded to the Seminole Nation of Oklahoma Higher Education department by the deadline: Spring Semester; (February 14) and Fall Semester: (September 14).
3. All students are required to carry cumulative **GPA** of **2.50** every semester and be enrolled in at least six credit hours.
4. After notifying a student for not meeting academic requirements, they are placed on academic probation for the following term.
5. Student's failure to meet academic requirements shall result in suspension from the scholarship program.
6. Student's suspended from the scholarship program shall not be considered for future funding until they have a cumulative GPA of 2.50
7. Student will submit an enrollment schedule for each term.

When a student, pursuing a first time degree, cannot complete either a four or five year baccalaureate degree program, or students who cannot complete the associates degree requirements within two academic years, must submit transcript of grades and programs to this office (Seminole Nation Higher Education Department) for review. A determination about the student's eligibility for an extension to complete a degree will be made and notification sent. In no case shall the extension exceed one academic year beyond the program plan.

STUDENT SIGNATURE: _____ DATE: _____

SEMINOLE NATION OF OKLAHOMA HIGHER EDUCATION-FINANCIAL AID FORM

PART 1: To be completed by STUDENT

NAME: _____ STUDENT ID: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CONTACT #: _____ E-mail address: _____

YEARS IN COLLEGE _____ MAJOR: _____ MINOR: _____

Please send the necessary application for college financial aid. I give permission for the College/University to release financial and academic information to the Seminole Nation Higher Education Department. The Seminole Nation Higher Education Department will need financial aid information in PART II before any action can be taken on the application. When all necessary information is on file in your office please complete and forward this form either by mail: **Seminole Nation of Oklahoma, ATT: HIGHER ED DEPT., P.O. BOX 1498 Wewoka, OK 74884.** You can fax this form to **SNHED 405-257-7270**

STUDENT SIGNATURE: _____ DATE: _____

ALL STUDENTS ARE REQUIRED TO APPLY FOR OTHER SOURCES OF FUNDING AVAILABLE THROUGH THEIR SCHOOL FINANCIAL AID OFFICE.

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PART II TO BE COMPLETED BY THE FINANCIAL AID OFFICER

This student has applied to the Seminole Nation Higher Education Office for a scholarship. Verified financial need is requested through your office before any action can be taken on this application.

__ Student has not applied for financial aid, need cannot be determine. __ Student applied late; therefore will not be considered for funding. __ Student application is incomplete. __ Funds are exhausted at this institution.

Student considered __ INDEPENDENT __ DEPENDENT SCHOOL IS ON: __ SEMESTER SYSTEM __ QUARTER SYSTEM

\$ _____ TUITION \$ _____ FEES _____ \$ ROOM/BOARD _____ \$ books _____ \$ TRAVEL _____ \$ MISC. **TOTAL COST \$ _____**

Student's resources/institutional awards _____ Parental funds _____ Student spouse funds _____ AFDC Welfare _____

Soc. Sec. _____ STATE GRANT _____ Native American scholarship _____ SEDC _____ PELL GRANT _____ School loans _____

VOC-REHAB _____ other scholarships _____ **TOTAL RESOURCES \$ _____**

(PRINT) FINANCIAL AID OFFICER _____ **SIGNATURE:** _____

Business office address: _____ **Contact #** _____



Seminole Nation of Oklahoma- Higher Education

P.O. Box 1498

Wewoka, OK 74884

FAX #: 405-257-7270

CHECKLIST OF DOCUMENTS

**** INITIAL EACH BLANK SPACE BY THE DOCUMENT THAT YOU ARE SUBMITTING****

- _____ ORIGINAL APPLICATION
- _____ COPY OF SEMINOLE NATION MEMBERSHIP CARD (UPDATED)
- _____ COPY OF CDIB
- _____ OFFICIAL HIGH SCHOOL TRANSCRIPT
- _____ GED CERTIFICATE
- _____ OFFICIAL COLLEGE/UNIVERSITY TRANSCRIPT
- _____ HIGHER EDUCATION STUDENT AGREEMENT
- _____ AUTHORIZATION TO RELEASE INFORMATION & PRIVACY STATEMENT
- _____ FINANCIAL AID FORM SIGNED BY THE FINANCIAL AID OFFICER
- _____ ENROLLMENT SCHEDULE

****DEADLINE FOR **SPRING** semester (**February 14**) DEADLINE FOR **FALL** semester (**SEPTEMBER 14**). *****

****NO MONIES WILL BE RELEASED UNTIL SIGNED FINANCIAL AID FORM/OFFICIAL TRANSCRIPT IS ON FILE WITH THE SEMINOLE NATION HIGHER EDUCATION DEPARTMENT.**

STUDENT SIGNATURE: _____ DATE: _____